

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 22-JUL-2015		TIME 01:41:00	2. ADDRESS OF OCCURRENCE 5632 S MORGAN ST CHICAGO, IL 60621				3. LOCATION CODE 304	4. BEAT/OCUR 0712			
INFORMATION INVOLVED	5. POSITION 9161	6. LAST NAME RANGEL	7. FIRST NAME ELI	8. STAR NO. 13858	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE S	11. AGE [REDACTED]	12. HT. 600	13. WT. 220		
	14. DATE OF APPT. 16-DEC-2009	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 007 0712R	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	20. LAST NAME LEWIS	21. FIRST NAME KENNETH	22. M.I. A	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 507	27. WT. 177			
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS		34. BY WHOM? [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid							
	36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****										
	37. CR NO. IR NO. DNA 19155758										
	IN INFORMATION (Check all that apply)	38. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		39. ACTIVE RESISTER FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		40. ASSAULT:ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		41. ASSAULT:BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		42. ASSAULT:DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____	
		43. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER _____		44. MEMBER'S RESPONSE OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Discharged) <input type="checkbox"/> OTHER PURSUED OFFENDER <input type="checkbox"/>		45. MEMBER'S RESPONSE ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER DREW FIREARM _____		46. MEMBER'S RESPONSE FIREARM <input checked="" type="checkbox"/> OTHER _____			
		47. OC/CHMICAL WEAPON AUTHORIZED BY (NAME) OFFENDER DREW A FIREARM FROM HIS WAISTBAND AND TURNED POINTING A SEMI-AUTOMATIC HI-POINT .40 CALIBER PISTOL AT RO.									
48. POSITION STAR NO. [REDACTED]		49. STAR NO. [REDACTED]	50. UNIT [REDACTED]	51. ADDITIONAL INFORMATION OFFENDER DREW A FIREARM FROM HIS WAISTBAND AND TURNED POINTING A SEMI-AUTOMATIC HI-POINT .40 CALIBER PISTOL AT RO.							
52. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		53. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		54. WEATHER CONDITIONS CLEAR							
55. MAKE/manufacturer GLOCK, INC.-AU-		56. MODEL 21		57. BARREL LENGTH 4.9		58. CALIBER/GAUGE 45 CAL					
59. TASER DART ID NO. LTH238		60. WEAPON SERIAL NO. (Include Letters) LTH238		61. CHICAGO GUN REG. NO. R008183S		62. IL FIREARM OWNER ID. NO. [REDACTED]		63. HANDGUN CERTIFICATE NO.			
64. SPECIAL WEAPON CERTIFICATE NO		65. PROPERTY INVENTORY NO.		66. TYPE OF AMMUNITION USED Department Issued		67. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		68. TOTAL NO. OF SHOTS MEMBER FIRED 10			
69. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		70. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		71. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		72. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		73. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			
74. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW											
75. SPECIFY METHOD/EQUIPMENT USED TO RELOAD					76. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
77. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) MOVEMENT					78. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 -05 FT <input type="checkbox"/> 02 05 -10 FT <input checked="" type="checkbox"/> 03 10 -15 FT <input type="checkbox"/> 04 OVER 15 FT						
79. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN					80. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						
81. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.											
82. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
83. REPORTING MEMBER (Print Name) RANGEL, ELI 22-JUL-2015 09:26:45					STAR/EMPLOYEE NO 13858	SIGNATURE [REDACTED]					
84. REVIEWING SUPERVISOR (Print Name) RIGAN, KRISTOPHE J					STAR NO. 1279	SIGNATURE [REDACTED]	DATE REVIEWED 22-JUL-2015 09:31:01	TIME 09:31:01			

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LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Subject is presently in surgery for multiple gunshot wounds and cannot be interviewed at this time.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this time at this stage of the investigation, a preliminary determination has been made that the discharges by Officer Eli Rangel #13858 are within department guidelines concerning the use of deadly force in that Officer Eli, observed Kenneth Lewis remove a handgun from his waistband, turn in the direction of he and his partner and point the firearm in their direction when they attempted to conduct a field interview of him after seeing him make a motion at his waistband that is consistent with someone who carries a firearm. This investigation is continuing by Area South Bureau of Detectives and IPRA.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1076261 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE

DATE COMPLETED

TIME

22-JUL-2015 09:49:02

79. TOTAL TRR's THIS EVENT No.

2